

**LEGISLATIVE SERVICES AGENCY
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FISCAL IMPACT STATEMENT

LS 7126

BILL NUMBER: HB 1141

NOTE PREPARED: Apr 10, 2003

BILL AMENDED: Mar 13, 2003

SUBJECT: Moratorium on Methadone Clinics.

FIRST AUTHOR: Rep. Brown C

FIRST SPONSOR: Sen. Miller

BILL STATUS: Enrolled

FUNDS AFFECTED: **GENERAL**
 X DEDICATED
 FEDERAL

IMPACT: State

Summary of Legislation: (Amended) This bill establishes a Methadone Diversion Control and Oversight Program. The bill extends the state imposed moratorium on methadone clinics until July 1, 2008. The bill also sets the dates that reports from methadone providers are due to the Division of Mental Health and Addiction.

Effective Date: (Amended) Upon Passage; July 1, 2003.

Explanation of State Expenditures: (Revised) This bill requires the Division of Mental Health and Addiction to adopt rules to establish and administer a Methadone Diversion Control and Oversight Program. The bill includes specific items that the rules must address.

The bill requires each methadone provider to submit a methadone diversion control plan to the Division for review and approval by February 28 each year. The Division shall review and approve plans submitted by May 1 of each year. If the Division denies a plan, the provider must submit a new plan within 60 days. It is not known whether additional staff and resources will be required to administer the Methadone Diversion Control and Oversight Program. In addition, this bill extends the moratorium on new providers of Methadone and other substances including Buprenorphine until 2008 unless the provider meets certain requirements.

The funds and resources required above could be supplied through a variety of sources, including the following: (1) Existing staff and resources not currently being used to capacity; (2) Existing staff and resources currently being used in another program; (3) Authorized, but vacant, staff positions, including those positions that would need to be reclassified; (4) Funds that, otherwise, would be reverted; (5) New appropriations or, (6) Revenue collected and deposited in the Methadone Diversion Control and Oversight

Program Fund. Ultimately, the source of funds and resources required to satisfy the requirements of this bill will depend upon legislative and administrative actions.

Explanation of State Revenues: (Revised) This bill establishes the nonreverting Methadone Diversion Control and Oversight Program Fund. Methadone providers must submit to the Division a \$20 fee for each nonresident patient treated by the provider during the preceeding year. During 2001 there were 3,052 nonresident patients treated by methadone providers. The Division would collect an estimated \$61,000 for the first year, assuming that the number of patients treated remains the same. The Division shall use the Fund to pay for the provisions of this bill.

Explanation of Local Expenditures:

Explanation of Local Revenues:

State Agencies Affected: Division of Mental Health and Addiction, FSSA.

Local Agencies Affected:

Information Sources: *Indiana Narcotic Treatment Program Report, 2001*, Division of Mental Health and Addiction, Family and Social Services Administration.

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